


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

+

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <div style="text-align: center;">  </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Complete if Known</th> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>09/886,830</td> </tr> <tr> <td>Confirmation Number</td> <td>8077</td> </tr> <tr> <td>Filing Date</td> <td>June 21, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>JOHN J. CURRO</td> </tr> <tr> <td>Examiner Name</td> <td>J. R. Pierce</td> </tr> <tr> <td>Group/Art Unit</td> <td>1771</td> </tr> <tr> <td>Attorney Docket No.</td> <td>8593</td> </tr> </table>	Complete if Known		Application Number	09/886,830	Confirmation Number	8077	Filing Date	June 21, 2001	First Named Inventor	JOHN J. CURRO	Examiner Name	J. R. Pierce	Group/Art Unit	1771	Attorney Docket No.	8593
Complete if Known																	
Application Number	09/886,830																
Confirmation Number	8077																
Filing Date	June 21, 2001																
First Named Inventor	JOHN J. CURRO																
Examiner Name	J. R. Pierce																
Group/Art Unit	1771																
Attorney Docket No.	8593																
TOTAL AMOUNT OF PAYMENT (\$400.00)																	

RECEIVED

SEP 29 2003

TC 1700

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p style="margin-left: 20px;">Deposit Account Number 16-2480</p> <p style="margin-left: 20px;">Deposit Account Name The Procter & Gamble Company</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17</p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>Extension for reply within 1st month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>116</td><td>410</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>920</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,440</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,960</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,280</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,280</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>460</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>146</td><td>740</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>740</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>740</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>091</td><td>1280</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) <u>Statutory Disclaimer (\$110.00)</u></td><td><input checked="" type="checkbox"/></td></tr> </tbody> </table>	Code	(\$)	Fee Description	Fee Paid	105	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	127	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	139	130	Non-English specification	<input type="checkbox"/>	147	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	115	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>	116	410	Extension for reply within 2 nd month	<input type="checkbox"/>	117	920	Extension for reply within 3 rd month	<input type="checkbox"/>	118	1,440	Extension for reply within 4 th month	<input type="checkbox"/>	128	1,960	Extension for reply within 5 th month	<input type="checkbox"/>	119	320	Notice of Appeal	<input type="checkbox"/>	120	320	Filing a brief in support of an appeal	<input type="checkbox"/>	121	280	Request for oral hearing	<input type="checkbox"/>	138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	140	110	Petition to revive - unavoidable	<input type="checkbox"/>	141	1,280	Petition to revive - unintentional	<input type="checkbox"/>	142	1,280	Utility issue fee (or reissue)	<input type="checkbox"/>	143	460	Design issue fee	<input type="checkbox"/>	122	130	Petitions to the Commissioner	<input type="checkbox"/>	123	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>	126	180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>	146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	149	740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	179	740	Request for Continued Examination (RCE)	<input type="checkbox"/>	169	900	Request for expedited examination of a design application	<input type="checkbox"/>	091	1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) <u>Statutory Disclaimer (\$110.00)</u>			<input checked="" type="checkbox"/>
Code	(\$)	Fee Description	Fee Paid																																																																																																																						
105	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																						
127	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																						
139	130	Non-English specification	<input type="checkbox"/>																																																																																																																						
147	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																						
112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																						
113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																						
115	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>																																																																																																																						
116	410	Extension for reply within 2 nd month	<input type="checkbox"/>																																																																																																																						
117	920	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																						
118	1,440	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																						
128	1,960	Extension for reply within 5 th month	<input type="checkbox"/>																																																																																																																						
119	320	Notice of Appeal	<input type="checkbox"/>																																																																																																																						
120	320	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																						
121	280	Request for oral hearing	<input type="checkbox"/>																																																																																																																						
138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																						
140	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																						
141	1,280	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																						
142	1,280	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																						
143	460	Design issue fee	<input type="checkbox"/>																																																																																																																						
122	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																						
123	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>																																																																																																																						
126	180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>																																																																																																																						
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																						
149	740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																						
179	740	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																						
169	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																						
091	1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																						
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																						
Other fee (specify) <u>Statutory Disclaimer (\$110.00)</u>			<input checked="" type="checkbox"/>																																																																																																																						
<h3 style="text-align: center;">FEE CALCULATION</h3> <p>1. BASIC FILING FEE – Large Entity</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 740</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>106 330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>108 740</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>114 160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td>(\$)[]</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims [] - 20** =</td> <td><input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td>Independent Claims [] - 3** =</td> <td><input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103 18</td><td>Claims in excess of 20</td></tr> <tr><td>102 84</td><td>Independent claims in excess of 3</td></tr> <tr><td>104 280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109 84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110 18</td><td>**Reissue claims in excess of 20 & over original patent</td></tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td>(\$)[]</td> </tr> </tbody> </table>	Code (\$)	Fee Description	Fee Paid	101 740	Utility filing fee	<input type="checkbox"/>	106 330	Design filing fee	<input type="checkbox"/>	108 740	Reissue filing fee	<input type="checkbox"/>	114 160	Provisional filing fee	<input type="checkbox"/>	SUBTOTAL (1)		(\$)[]		Extra Claims	Fee from Below	Fee Paid	Total Claims [] - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Independent Claims [] - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>	Code (\$)	Fee Description	103 18	Claims in excess of 20	102 84	Independent claims in excess of 3	104 280	Multiple dependent claim, if not paid	109 84	**Reissue independent claims over original patent	110 18	**Reissue claims in excess of 20 & over original patent	SUBTOTAL (2)		(\$)[]	<p>* Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;">SUBTOTAL(3) (\$)[400]</p>																																																																							
Code (\$)	Fee Description	Fee Paid																																																																																																																							
101 740	Utility filing fee	<input type="checkbox"/>																																																																																																																							
106 330	Design filing fee	<input type="checkbox"/>																																																																																																																							
108 740	Reissue filing fee	<input type="checkbox"/>																																																																																																																							
114 160	Provisional filing fee	<input type="checkbox"/>																																																																																																																							
SUBTOTAL (1)		(\$)[]																																																																																																																							
	Extra Claims	Fee from Below	Fee Paid																																																																																																																						
Total Claims [] - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Independent Claims [] - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Code (\$)	Fee Description																																																																																																																								
103 18	Claims in excess of 20																																																																																																																								
102 84	Independent claims in excess of 3																																																																																																																								
104 280	Multiple dependent claim, if not paid																																																																																																																								
109 84	**Reissue independent claims over original patent																																																																																																																								
110 18	**Reissue claims in excess of 20 & over original patent																																																																																																																								
SUBTOTAL (2)		(\$)[]																																																																																																																							

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Angela Marie Stone	Registration No. (Attorney/Agent)	41,335	Telephone
Signature	<i>Angela Marie Stone</i>			Date
				September 18, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

+